

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ang</i>		11/1/00
O.I.P.E. CLASSIFIER	<i>Q</i>	48	11/7/00
FORMALITY REVIEW	<i>Q</i>	71531	11-27-00
RESPONSE FORMALITY REVIEW	<i>MD</i>	71531	5/2/01
	<i>MD</i>	20911	08/04/01

### INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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